



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/992,786
		Filing Date	November 13, 2001
		First Named Inventor	John E. BARNES
		Examiner Name	J. Leung
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1764
TOTAL AMOUNT OF PAYMENT		(\$)	60.00
		Attorney Docket No.	220772008900

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Fee (\$)	FILING FEES	SEARCH FEES	EXAMINATION FEES	Fees Paid (\$)		
		Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)			
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description					Small Entity Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
142	- 147 = 0	x 25 =	0.00	Fee (\$)	Fee Paid (\$)		
				180	0.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
4	- 8 = 0	x 100 =	0.00				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)					Fees Paid (\$)		
Other (e.g., late filing surcharge): 2251 Extension for response within first month					60.00		

SUBMITTED BY			
Signature	<i>Jill A. Jacobson</i>	Registration No. (Attorney/Agent)	40,030
Name (Print/Type)	Jill A. Jacobson	Telephone	(650) 813-5876
		Date	October 3, 2005



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/992,786	
	Filing Date	November 13, 2001	
	First Named Inventor	John E. BARNES	
	Art Unit	1764	
	Examiner Name	J. Leung	
Total Number of Pages in This Submission	64 pages + 1 ref.	Attorney Docket Number	220772008900

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing - 2 pages <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) - 24 sheets <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply - 32 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of PTO/SB/08 filed on May 10, 2002, in duplicate - 4 pages Copy of reference no. 41 Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Bill A. Jacobson		
Date	October 3, 2005	Reg. No.	40,030

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 544976773 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 3, 2005

Signature: (Georgina Matos)